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THE DEVELOPMENT AND VALUE OF A NURSES' REGISTRY¹

BY JULIA MELLICHAMPE, R.N.

Some time ago, a young graduate asked me if I would tell her the good of organization. For reply I referred her to an illustration Miss McIsaac had used at one of our annual conventions:

All the great works of mankind are the result of correlated effort. Our training schools and hospitals are the result of organization. So is our wonderful international postal system, the agreement between all civilized nations and some half-civilized nations that no nation will interfere with the mails of another. We drop a letter into the mail-box, and if it is properly stamped and addressed it goes to our friend who is a missionary, perhaps, in China. That means wonderful organization, confidence in one another.

Again I explained that the legislative act for the compulsory registration of nurses could not have been won, as it was twelve years ago, had it not been for the unity of purpose and effort on the part of members of the Graduate Nurses' Association of Virginia. To bring the illustration still closer home, I told her that the registry through which she was getting her calls for work was a direct result of organization.

The object of this paper, however, is to present a few practical suggestions to those who may be planning local registries, and this I shall endeavor to do from my experience on the Registry Committee in Norfolk. Central directories are past the experimental stage, so I shall try to show only some of the essential points involved in establishing a directory or registry.

The development of a local registry, in my opinion, should be considered in four ways: first, its organization; second, its administration; third, its membership; fourth, its value. Its *value* must be studied from its relation first, to the community; second, to the physician; third, to the nurse; fourth, to the nursing profession; fifth, to the local nursing association; sixth, to the state board of examiners of nurses.

In considering its organization, the general consensus of opinion is that a registry should always be under the control of the local nursing association. Dr. Marion Mead said at the St. Louis Convention, "A registry without the support of the majority of nurses soon becomes a commercial agency, and an organization too weak to undertake the responsibility of a registry soon dies of its own inertia."

¹ Read before the Graduate Nurses' Association of Virginia at Roanoke, May 25, 1915.

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The administration of a registry should be left to the registrar and a small consulting committee of three or five nurses, with preferably as many as possible of the training schools in that locality represented, on what is termed the Registry and Credential Committee. In Norfolk, the chairman of this committee is elected annually by ballot and is a member of the executive committee of the Norfolk Association, while the president of the association is a member *ex officio* of the registry committee. The chairman should preferably be a nurse whose work will permit her regular attendance at meetings and who can be available at short notice for consultations. This committee is perhaps the most important of the association, and should be empowered to carefully investigate and file records of state registration and credentials of each applicant for membership in the local association and registry before submitting the application to the association for vote; to notify the registrar *in writing* when a new member is permitted to use the registry; to consult with the registrar and refer to the association all matters of serious import to the registry; to secure her salary to the registrar by summarily handling nurses who fail to pay their dues; to keep in sympathetic touch with the registrar; to receive and, in conjunction with the executive committee of the association, if necessary, to consider any complaint against any member and to make final disposition of same unless it be necessary to refer it to the association as a whole. In Norfolk, so far as I know in the past eight years, which period marks the age of our registry, no case of any complaint has been carried to the association after the decision of the registry committee, and only once has it been necessary for us to consult our medical advisory board.

The active membership of the registry should consist only of registered nurses, but should be open also to hourly visiting nurses, male nurses, care-takers or non-graduates, and masseurs, so that the registry may be the recognized central agency for nurses of all classes. The greatest care will have to be exercised in the matter of credentials for care-takers and their use of the registry, and their names should not be given out except when there is a call for that class of workers.

The value of the registry is six-fold as I see it. To the community it affords ready access to all classes of nursing service and vouches for the moral and professional fitness of each of its members. By taking hourly visiting nurses and non-graduates, a registry will do much towards solving the problem of how to care for people of moderate means. Furthermore, it affords financial protection by its regular tariff of fees for various branches of work. In short, the nurses' registry should be the professional clearing-house for the community.

To the physician it offers quickly a list of all nurses available for work and permits him to choose from any school. It has the additional advantage of his simply stating the nature and location of his case, giving his preferences of nurses, if he has any, and then leaving the detail work of filling the call to the registrar. This feature of the registrar's position is an important one, and one that all registry committees will do well to consider, inasmuch as it will help eliminate most of the unnecessary delay and annoyance to the physician and registrar incident to the failure of the nurse to register "out" promptly when she receives her call from the physician instead of from the registrar. Also, it will be a means of letting the nurses realize how much the registry means to them, for otherwise they do not always know that the physician called the registry for a list of names before selecting his nurse.

To the nurse it will offer opportunity to specialize to a greater degree. There is no reason why a nurse should not prefer, and confine herself to, certain branches of work just as physicians do. By the use of the registry she will be able to register against certain types of work with less risk of the old criticism on the part of the physician. The registrar, knowing the nature of the case for which there is a call, will read only the names of those taking that class of work. Or, if the call is left to the registrar, the same protection obtains. Furthermore, it will serve frequently to avoid any friction between physician and nurse.

By way of illustration let me cite two incidents that have come under my own observation. A physician called for a list of those registered "in." Upon being asked the nature of the case he replied, "Medical." The registrar reminded him that medical included several types and that some were registered against certain medical cases. He then said, "Well, it is not contagious." The list was read to him. He selected a nurse and did his own calling. In a few minutes the nurse called to ask the registrar why her name had been given out for a delirium tremens case when she was registered against that class of work, saying also that the physician had resented her reluctance to take the case, which proved to be in a hotel. The patient also had syphilis. Representative physicians have told me that they do not think it right to ask a nurse to take such a case in a hotel.

On another occasion a nurse had registered "in" after a long, hard case. She could not stay indoors indefinitely waiting for a call, and therefore went out for an outing, leaving with her landlady instructions as to how she could be reached by telephone (and just here I want to say that it is always wiser to notify the registrar in such instances). During her absence a physician called the registry and selected the

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name of this nurse (he did not take a second or third choice in order to avoid any delay) and then chose to do his own calling. Upon being told that she was out for a while, and without waiting to hear further that she could be reached by telephone in a few minutes, he called the registry, took another name, and called a second nurse. Within ten minutes from the time of his first call the first nurse (having been notified by her landlady that a physician had called for her but would not wait) called the registrar to know which physician had asked for her. Being told, she telephoned him, only to be told that he had "gotten another nurse *now*." Had the calling been left to the registrar, the physician need not have known that the nurse was out and she would have secured the case. Frequently, too, hospitals and physicians in need of nurses for hospital and office positions consult the registry, thus enlarging its sphere of usefulness. Furthermore, the young graduate and the out-of-town nurse who are wise enough to identify themselves with such a registry are at once put into touch with representative physicians and nurses. The value of all this to the nurse is obvious.

To the nursing profession it offers greater opportunity to educate the public to appreciate the value of registration and in other ways to safe-guard its ideals. State registration has as its aim raising the educational standards of training schools and of the applicants entering them. It is only in this way that the public can be protected against incompetent nursing, and the public certainly has a right to demand this protection from our profession. State registration is meant to be the state's guarantee of efficiency and the registered nurse should be possessed of such dignity and knowledge as will enable her to be such a splendid exponent of registration that the public will easily discern the difference between the well-trained nurse and the non-graduate. Logically then, the private duty nurse who is registered, coming as she does constantly in contact with people of means and influence, has a splendid opportunity to awaken public interest in nursing education.

To the local nursing association it should be a means of engendering a broader spirit of fraternalism and coöperation, for since medical men are learning more and more that they can secure more efficient nurses by using the registries under the control of nursing organizations, it behooves such organizations to stand loyally by their registries.

To the state board of examiners of nurses it is a great factor in reporting cases of undesirables and of those who are evading the law either purposely or through ignorance, thereby aiding the board to fulfil its mission, namely to see that registration is the state's guarantee of efficiency. My experience has taught me that close coöperation

between the local association and the state board of examiners is essential to the organization and life of the registry.

The selection of a registrar is of paramount importance. It is the registrar with whom the physicians and the public have their dealings, and therefore satisfactory service is largely dependent upon the tact, patience, and interest shown by her in their calls. She should be a woman of education and business ability, possessed of a sympathetic appreciation of the aims and ideals animating the medical and nursing professions, and should be versed in professional ethics, for without the latter qualification she will be unable to recognize and to handle with tact, keen judgment, and dispatch the many ethical situations that arise. Generally, then, the position of registrar can best be filled by a registered nurse, yet this would sometimes mean that a nurse would throw away, to some extent, her years of training for active nursing work; on the other hand, I do not think that a nurse incapacitated for active work should be given such a position merely through a sense of fraternal loyalty, unless the nurse in question possesses, in addition to ethical qualifications, initiative and business and executive ability. In every case I would give my vote to the candidate who possessed the best all-around qualifications for promoting the efficiency and growth of a registry, whether she were a nurse or not.

The duties of a registrar are varied and trying, hence my saying that the registry committee should keep in sympathetic touch with her. No incompetent woman should be elected to such a position, and having elected a competent one, the registry committee should stand solidly back of her and work with her in all her efforts to build up the service. A progressive registrar can, with the proper coöperation of her nurses and the registry committee, make her office a general bureau of information and service. One should find there a list of enrolled Red Cross nurses in that locality, with the rules governing enrollment for Red Cross Nursing Service, Army and Navy Nurse Corps and information concerning state registration. I think it was suggested in the *AMERICAN JOURNAL OF NURSING* sometime ago that the registrar might properly and profitably be a notary public and also take subscriptions for representative nursing journals. In short, the registry will be just what the nurses choose to make it, first by their choice of a registrar and, second, by the support and encouragement they give her.

State registration laws wisely drawn and enforced, and well managed local registries are, to my mind, two things which more than anything else demonstrate the integrity of the nursing organizations conceiving them.